

# Aging & Disabled Home Health Care

## Affordable Home Care

### Task Description

TASK	PCA/HHA (AHC)	HHA (AD)	HHA (AD)	HMK AHC
Assist with bathing (partial, sponge, tub or shower)	Yes	Yes	Yes	No
Oral care	Yes	Yes	Yes	No
Hair care (including shampoo)	Yes	Yes	Yes	No
Shaving	Yes	Yes	Yes	No
Hand/foot/nail/intact skin care	Yes	Yes	Yes	No
Application of makeup	Yes	Yes	Yes	No
Dressing or undressing	Yes	Yes	Yes	No
Escort to appointments	Yes	No	No	No
Medication reminders/ <i>Assist</i> patient to take bath	Yes	Yes	Yes	No
Assist with transfers/ambulation/use of assistive device	Yes	Yes	Yes	No
Meal prep/planning/feeding/clean up	Yes	Yes	Yes	Yes
Assist with bill paying & correspondence	Yes	No	No	No
Normal range of motion and positioning	Yes	Yes	Yes	No
<ul style="list-style-type: none"> <li>a. light housekeeping;</li> <li>b. laundry;</li> <li>c. shopping;</li> <li>d. dishwashing;</li> <li>e. meal preparation;</li> <li>f. food safety;</li> <li>g. special diets;</li> <li>h. bed-making</li> <li>i. Maintaining a clean and safe environment</li> </ul>	Yes	No	No	Yes

**PCA= HMK=Homemaker (AHC only)**

**PCA= ATT=Attendant care (AHC only)**

**HHA= RESP=Respite home health hours (A&D only)**

**HHA= PA=Medicaid PA HHA (A & D only)**

*(80% of HHA must be spent on hands on care of patient)*

Employee Name: \_\_\_\_\_ Discipline: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A & D and AHC Official Name: \_\_\_\_\_

A & D and AHC Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Aging & Disabled Home Health Care**

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